

Early Detection



A statewide program emphasizing early detection and prevention of cancer through screening and healthful living would reduce the rate of cancer in Montana. The use of screening tests to detect cancers in the early stages often leads to more effective, less expensive treatment with fewer side effects. Patients whose cancers are found early are more likely to survive than those whose cancers are not found until symptoms appear.

- Screening mammograms every 12-33 months for women over age 40, followed by timely treatment when breast cancer is diagnosed, reduce the chances of dying from breast cancer.
- Regular Pap smear tests followed by appropriate and timely treatment reduce death from cervical cancer. Women who have never been screened, or who have not been screened in the past five years, face a greater risk of developing invasive cervical cancer than their screened counterparts.
- Colorectal cancer can be prevented and detected early through screening. Primary screening modalities include the fecal occult blood test, flexible sigmoidoscopy and colonoscopy. Precancerous polyps can be identified and may be removed during sigmoidoscopy, or colonoscopy to prevent the development of cancer; cancers can also be detected at an early and *curable* stage.
- Information should be provided to all men starting at the age of 50, specifying what is known and what is uncertain about the benefits and limitations of early detection and treatment of prostate cancer, so they can make informed decisions. Prostate-specific antigen testing (PSA) and digital rectal examination (DRE) are the two primary methods used to screen for prostate cancer. PSA testing in combination with DRE is currently the best approach available for the early detection of prostate cancer.

Detecting cancers early through screening can lead to more effective treatment with fewer side effects.

We believe individuals will be more likely to access screening tests for cancer if urged to do so by their healthcare providers. Such discussions between provider and patient can result in partnerships for informed decision making relative to cancer risk, early detection, and risk reduction. It is important for providers to discuss cancer risks and the tests available for early detection, as well as make referrals for screening tests. They are an invaluable resource for patients who need to make informed decisions in order to reduce their risk of cancer. Likewise, it is essential for individuals to be aware of cancer-screening guidelines so they can initiate discussions with their healthcare providers.



DESTINY Boyd has a strong family history of cancer. Her grandmother died of cancer, which scared Destiny's mother enough that she went in at 35 for a colonoscopy. Just in time, as it turns out: doctors found a teardrop-sized cancer during the procedure. Destiny is very thankful that her mother has had follow-up treatment and is doing well. She's also become a firm believer in the importance of routine cancer screenings. Destiny will be 25 this year — ten years younger than her mother was when her cancer was discovered. Her plans for the year include her first colonoscopy.

"So many things are preventable and colon cancer is one of them. People need to know that you just have to do this...for yourself and for your family."

Goal I: Promote compliance with cancer-screening guidelines.

Objective I.1: Increase compliance with the American Cancer Society (ACS) Cancer Detection Guidelines.

Baseline:

- *Breast*: Women over 40 who have had a mammogram within the past two years: 71.9 percent
- *Cervical*: Women over 18 who have had a PAP test in the past three years: 86.1 percent
- *Colorectal*: Adults over 50 who have ever received a sigmoidoscopy or colonoscopy exam: 52.6 percent
- *Prostate*: To be determined

Outcomes: By 2011,

- *Breast*: 75 percent of women over 40 will report having had a mammogram within the past two years
- *Cervical*: 90 percent of women over 18 will report having had a PAP test within the past three years (Healthy People 2010 goal: 90%)
- *Colorectal*: 55 percent of adults over 50 will have had a sigmoidoscopy or colonoscopy exam
- *Prostate*: By 2008, identify the programs that offer education on informed decision-making for prostate cancer screening; identify the number of healthcare providers who offer informed decision making
By 2011, increase the number of providers and programs promoting informed decision-making on prostate cancer screening by a percentage to be determined

Data source: Behavioral Risk Factor Surveillance System (BRFSS) 2004 and a healthcare provider survey

Strategy 1	By 2008, identify the programs that offer education on informed decision making for prostate cancer screening; identify the number of healthcare providers who offer informed decision making.
Strategy 2	Market the ACS Cancer Detection Guidelines to the healthcare provider community and the public.
Strategy 3	Provide the media with Centers for Disease Control and Prevention (CDC) programs on cancer screening, including <i>Screen for Life</i> .
Strategy 4	Inventory local community locations for all cancer-screening facilities and providers, including those serving Montana's American Indian population. Promote a cancer type-specific community-level list to healthcare providers and the public; add to the <i>Cancer Resource Roster</i> on the Cancer Control webpage.
Strategy 5	Analyze the inventory list for gaps in services and promote increased screening service capacity as needed.
Strategy 6	Promote and incorporate colorectal cancer information into workplace wellness programs and other community-based health-related education programs.
Strategy 7	Use existing or develop new culturally competent and medically appropriate materials on prostate cancer that healthcare providers and men can utilize to facilitate informed decision-making on prostate cancer screening.
Strategy 8	Increase the number of healthcare providers who discuss and recommend appropriate screening for breast, cervical, colorectal, and prostate cancers.
Strategy 9	Analyze available data on the scope of cancer screening among specific populations, including Medicaid and Medicare recipients. Implement strategies to rectify any identified disparities. Determine the best strategies for improving access to screening.
Strategy 10	Review, revise, and promote the clinical cancer screening protocols used for federally funded clinics, Indian Health Service facilities, and tribal health clinics.

For more information, visit www.cancer.org and go to "Prevention and Early Detection" or go to progressreport.cancer.gov and go to "Early Detection."

Goal I: Promote compliance with cancer-screening guidelines.

Objective I.2. *Reduce barriers to cancer-screening services.*

Baseline: Barriers have not been identified

Outcomes: Barriers are defined and corrective strategies implemented

Data sources: Process evaluation results

Strategy 1	Identify barriers to access, availability, and utilization of cancer-screening services; study and describe at the local level.
Strategy 2	Implement culturally competent strategies to address identified barriers.

Goal II: Healthcare providers will promote high-quality cancer-screening and diagnostic services.

Objective II.1: *Increase the accredited professional education available to Montana healthcare providers on state-of-the-art cancer screening, diagnosis, risk factors, and prevention.*

Baseline: To be determined

Outcomes: By 2007, determine the baseline number of continuing education credits providers report that include cancer screening, diagnosis, and prevention

By 2011, increase the number of accredited courses on state-of-the-art cancer prevention, screening, and diagnosis by a percentage to be determined

Data sources: Healthcare provider survey

Strategy 1	Conduct a healthcare provider survey to determine the accredited education courses available to Montana healthcare providers that include cancer prevention, screening, and diagnosis. Determine provider needs relative to cancer prevention, screening, and diagnosis.
Strategy 2	Develop a method to increase the number of accredited professional education opportunities available to Montana healthcare providers.
Strategy 3	Implement strategies to address the needs identified through the healthcare provider survey.

Early detection could substantially reduce the billions of dollars spent on cancer treatment each year. Not only does cancer screening save lives by detecting breast, cervical, and colorectal cancer early, it is also the first step in preventing some colorectal and cervical cancers from developing.

- Screening for colorectal cancer, as recommended by the U.S. Preventive Services Task Force, can reduce the number who die of this disease by at least 30 percent.
- Regular mammograms (every 1 - 2 years) can reduce the risk of dying of breast cancer for women age 40 and older by about 16 percent.
- Cervical cancer can be prevented by using the Pap test to detect precancerous lesions, which can be treated before cancer develops. Researchers in many countries found that rates of cervical cancer death dropped by 20 to 60 percent after screening programs began (CDC 2003).

Goal III: Broaden coverage and utilization for cancer-screening services in Montana.

Objective III.1: *Increase the proportion of insured Montanans screened for breast, cervical, colorectal, and prostate cancer.*

Baseline:

- *Breast*: Insured women over 40 who have had a mammogram within the past two years: 75.5 percent
- *Cervical*: Insured women over 18 who have had a Pap test in the past three years: 87.8 percent
- *Colorectal*: Insured adults over 50 who have ever received a sigmoidoscopy or colonoscopy: 55.5 percent
- *Prostate*: Insured men over 40 who have had a PSA test in the past two years: 57.3 percent

Outcomes: By 2011:

- *Breast*: 80 percent of insured women over 40 will have had a mammogram within the past two years
- *Cervical*: 90 percent of insured women over 18 will have had a PAP test within the past three years (Healthy People 2010 goal: 90 percent)
- *Colorectal*: 60 percent of insured adults over 50 will have received a sigmoidoscopy or colonoscopy
- *Prostate*: 60 percent of insured men over 40 will have had a PSA test within the past two years

Data source: BRFSS 2004; insured respondents

Strategy 1	Identify additional data sources and analyze baseline data needs.
Strategy 2	Collect and evaluate utilization data for major health plans in Montana; analyze utilization and coverage gaps.
Strategy 3	Work with healthcare plans to promote and increase the utilization of cancer-screening and diagnostic services. Monitor, promote, and protect existing private and public health insurance coverage for cancer screening.
Strategy 4	Address known underutilization of covered cancer-screening services (e.g., colorectal and breast in Medicare) and promote culturally competent patient education.

Your chances of developing colon cancer increase tremendously after age 50, but you are in the driver's seat. Colon cancer starts with a growth that has not yet developed into cancer. Testing can help your doctor find and remove these growths before they become cancerous. Even if the test finds colon cancer, you have a much better chance if it's found early.

Ensuring that people of all races, ethnicities, geographic locations, and socioeconomic levels have equal access to screening services will help achieve control of cancer in Montana.

Messengers for Health



Five generations of a Crow family come together for Messengers for Health

The best method for delivering female health education on the Crow Indian Reservation is through women respected by the Tribe. Messengers for Health, a four-year-old program on the Apsáalooke (Crow) Reservation, successfully uses this technique. The program is based at Montana State University and funded by the American Cancer Society.

Alma Knows His Gun McCormick, Messengers for Health Project Coordinator, speaks the Crow language as fluently as she speaks English. She needs both in her work with 32 Crow women who have

been trained to provide grassroots cancer outreach for Messengers for Health. Crow women have learned about health and life in familiar settings from tribeswomen they trust and respect. The Messengers for Health outreach workers are dispensing information on cervical cancer in the traditional way: by visiting with friends and relatives. “We have been able to encourage women for health (issues) and for other things,” McCormick said. “We are working for a good purpose. Women here are beginning to feel empowered, comfortable enough even to schedule their own (cancer) screening appointments. They are beginning to know the importance of a Pap test. We are overcoming barriers.”

That is important because Northern Plains Indians have a statistically higher mortality rate from cervical cancer than their White neighbors. Screenings are vital because most women who develop cervical cancer do not have symptoms. When a Pap test reveals cervical cancer early, close to 100 percent of women survive.

The first 25 Messengers, recruited in July 2002, had all been identified as women others naturally sought out for advice. Initially, their work focused on cervical cancer, but from the beginning, the program became a clearinghouse for all manner of health-related information.

“This program gives women information on many health topics and sends the message that it's important for women to take care of themselves so that we can be there for our families,” McCormick said.

Gratefully adapted from “Messengers for Health Uses Traditional Crow Relationships to Teach About Contemporary Health” by Carol Schmidt. MSU News, 6/30/05.

Reducing Mortality Through Screening and Early Detection

Many deaths from breast and cervical cancers could be avoided by increasing cancer-screening rates with mammography and Papanicolaou (Pap) tests. Deaths from breast and cervical cancer occur disproportionately among women who are uninsured or underinsured.

Timely mammography screening among women aged 40 years or older could prevent approximately 16 percent of all deaths from breast cancer. Mammography is the best available method to detect breast cancer in its earliest, most treatable stage — an average of one to three years before a woman can feel a lump. Women aged 40 years or older should have a screening mammogram every 12 to 24 months.

Except for skin cancer, breast cancer is the most commonly diagnosed cancer among women in the United States, and second to lung cancer as the leading cause of cancer-related death among women. If detected early, the U.S. five-year survival rate for localized breast cancer is 97 percent.

Cervical cancer screening using the Pap test detects cancer as well as precancerous lesions. Women should begin getting a Pap test within three years of onset of sexual activity or age 21, whichever comes first. Pap tests can find cervical cancer at an early stage when it is most curable, and can actually prevent the disease if precancerous lesions found during the test are treated. The incidence of invasive cervical cancer has decreased significantly over the last 40 years, in large part because of screening for, and treatment of, precancerous cervical lesions. Routine screening for cervical cancer can prevent the disease.

For more information, visit the Centers for Disease Control and Prevention (CDC): www.cdc.gov/cancer/nbccedp

American Cancer Society Guidelines

The following cancer-screening guidelines are primarily recommended for people at average risk for cancer who do not have any specific symptoms. People who are at increased risk for certain cancers may need to follow a different screening schedule recommended by their primary healthcare provider.

Cancer-related Checkup

A cancer-related checkup should include health counseling and depending on age, might include examinations for cancers of the thyroid, oral cavity, skin, lymph nodes, testes, and ovaries, as well as for some non-malignant diseases.

Breast Cancer

The American Cancer Society recommends yearly mammograms starting at age 40, which continue for as long as a woman is in good health. Clinical breast exams (CBE) should be part of periodic health exams, about every three years for women in their 20s and 30s, and annually for women age 40 and over. Women should report breast changes promptly to their healthcare providers.

Colon and Rectal Cancer

Beginning at age 50, men and women at average risk for developing colorectal cancer should follow one of the following testing schedules:

- yearly fecal occult blood test (FOBT) or fecal immunochemical test (FIT)
- flexible sigmoidoscopy every five years
- yearly FOBT or FIT plus flexible sigmoidoscopy every five years
- double-contrast barium enema every five years
- colonoscopy every ten years

All positive tests should be followed up with colonoscopy. People should begin colorectal cancer screening earlier and/or undergo screening more often if they have any of the following colorectal cancer risk factors:

- a personal history of colorectal cancer or adenomatous polyps
- a strong family history of colorectal cancer or polyps
- a personal history of chronic inflammatory bowel disease
- a family history of hereditary colorectal cancer syndrome

The costs of treating early-stage colorectal cancer are approximately 1/4 the cost of treating this cancer at a later stage, with cost savings of between \$24,000 and \$34,000 per person. — www.gastro.org/pubPolicy/issueBriefs/urges.html

Cervical Cancer

All women should begin cervical cancer screening about three years after they begin having vaginal intercourse, but no later than 21 years of age. Screening should be done annually with the standard Pap test or every two years with the liquid-based Pap test. Beginning at age 30, women who have had three normal Pap test results in a row may get screened every two to three years. Women who have risk factors including diethylstilbestrol (DES) exposure before birth, human immunodeficiency virus (HIV) infection, or a weakened immune system should continue to be screened annually.

Endometrial (Uterine) Cancer

Women should be informed about the risks and symptoms of endometrial cancer, and are strongly encouraged to report any unexpected bleeding or spotting to their doctors. For women with, or at high risk of, hereditary nonpolyposis colon cancer (HNPCC), annual screening for endometrial cancer with endometrial biopsy should be offered beginning at age 35.

Prostate Cancer

Both the prostate-specific antigen (PSA) blood test and digital rectal examination (DRE) should be offered annually, beginning at age 50, to men who have at least a ten-year life expectancy. Men at high risk, including those with a strong family history of prostate cancer diagnosed at an early age, should begin testing at age 45. Men at even higher risk, due to multiple first-degree relatives affected at an early age, could begin testing at age 40. Depending on the results of this initial test, no further testing might be needed until age 45.

For more information, visit the American Cancer Society at www.cancer.org

Goal III: Broaden coverage and utilization for cancer-screening services in Montana.

Objective III.2: *Increase the cancer-screening services available to under- and uninsured Montanans, as consistent with nationally accepted screening guidelines.*

Baseline:

- *Breast*: Uninsured women over 40 who have had a mammogram within the past two years: 47.2 percent
- *Cervical*: Uninsured women over 18 who have had a Pap test in the past three years: 79.2 percent
- *Colorectal*: Uninsured adults over 50 who have received a sigmoidoscopy or colonoscopy: 28.0 percent
- *Prostate*: Uninsured men over 40 who have had a PSA test in the past two years: 33.3 percent
- No list of low-cost services available

Outcomes: By 2011,

- *Breast*: 70 percent of uninsured women over 40 will have had a mammogram within the past two years (Healthy People 2010 goal: 70 percent)
- *Cervical*: 90 percent of uninsured women over 18 will have had a PAP test within the past three years (Healthy People 2010 goal: 90 percent)
- *Colorectal*: 50 percent of uninsured adults over 50 who have ever received a sigmoidoscopy or colonoscopy (Healthy People 2010 goal: 50 percent)
- *Prostate*: 50 percent of uninsured men over 40 will have had a PSA test within the past two years
- List of free or low-cost cancer-screening services will be made available to the public and healthcare providers

Data source: BRFSS 2004; uninsured respondents; process evaluation results

Strategy 1	Identify additional data sources and analyze baseline data needs.
Strategy 2	Analyze Montana policies and laws on cancer-screening coverage; implement strategies to improve identified gaps.
Strategy 3	Support legislative efforts and policies to broaden patients' private and public health plan coverage for cancer screening; broaden coverage for cancer screening among low-income, under- and uninsured Montanans.
Strategy 4	Work with the Montana State Planning Grant and similar organizations to increase Montanans' insurance coverage for cancer screening and diagnosis.
Strategy 5	Collect data to determine cancer-screening coverage included in insurance plans; implement strategies to address gaps and disparities. Encourage insurance providers to provide for screening services based on evidence-based screening guidelines.
Strategy 6	Identify, create, and disseminate a list of agencies that provide funds and/or services for breast, cervical, colorectal, and prostate cancer screening. Add this resource list to the <i>Cancer Resource Roster</i> on the Cancer Control webpage.
Strategy 7	Support funding for: <ul style="list-style-type: none"> • Indian Health Services to cover cancer screening needs. • Ongoing implementation of the Montana Breast and Cervical Health Program. • Title X (Family Planning) activities in Montana that provide cervical cancer screening and clinical diagnostic services.
Strategy 8	Support efforts to ensure healthcare providers and their staffs receive ongoing education about low- or no-cost cancer-screening resources.
Strategy 9	Support incentives for individuals and small businesses to purchase health insurance that covers cancer screening.

Early Detection: What You Can Do

Be proactive:

- Follow the American Cancer Society's Cancer Detection Guidelines.
- Discuss screening for breast, cervical, colorectal, and prostate cancer that may be appropriate for you and your family with your healthcare provider.
- Encourage your friends and family to get screened for cancer early detection.

Support policies: Encourage health plan coverage for cancer screening.

Be smart: If you're 50 or older, it's time to get tested for cancer. In Montana, 93 percent of all people diagnosed with colon cancer are 50+ and 81 percent of women diagnosed with breast cancer are 50+ (Montana Central Tumor Registry 1999-2003).

Be informed: Know your cancer risk and know the cancer-screening recommendations appropriate for you.

SCREENING FOR SKIN CANCER: Most melanomas of the skin can be seen by the naked eye, and skin cancer can be cured if the tumor is found before it spreads deeper. Skin cancer screening during regular clinical visits involves a two or three minute visual inspection of the entire body. The American College of Preventive Medicine recommends periodic total cutaneous examinations for populations at high risk, which include those with personal or family histories of melanoma, more than 50 moles, atypical moles, a fair complexion, a weakened immune system, or a history of blistering sunburns, especially as a child or teenager. Increased exposure to ultraviolet radiation from the sun or artificial sources increases risk.

Check your skin once a month. The A-B-C-D-E Rule can distinguish a normal mole from a melanoma. Notify your doctor if you notice any of the following signs.

A is for **ASYMMETRY:** One half of a mole or birthmark does not match the other.

B is for **BORDER:** Edges are irregular, ragged, notched, or blurred.

C is for **COLOR:** The color is not the same all over and may include shades of brown or black, or may have patches of red, white, or blue.

D is for **DIAMETER:** The spot is larger than 6 millimeters across (about the size of a pencil eraser) or is growing larger.

E is for **EVOLVING:** Lesions significantly change in size, shape, symptoms, surface, or shades.

(adapted from www.cancer.org and www.acpm.org/skincare.htm)

SCREENING FOR ORAL CANCER: Many oral cancers can be found early, during routine screening examinations or by self-examination. Many doctors and dentists recommend that you look at your mouth in a mirror every month to check for any symptoms listed below. If these signs last more than two weeks, contact your doctor or dentist:

- lip or mouth sore that doesn't heal within two weeks
- lump in the mouth
- lump elsewhere, such as the face, jawbone, or neck
- white/red patch on the gums, tongue, or mouth lining
- unusual bleeding or pain
- difficulty chewing or swallowing (adapted from www.cancer.org)

MONTANA'S PROGRESS TOWARD HEALTHY PEOPLE 2010 GOALS

2004	Pap Smear in Past 3 Years (Women Age 18+)	Mammogram in Past 2 Years (Women Age 40+)	Ever had Sigmoidoscopy or Colonoscopy (Age 50+)
Montana	86.1%	71.9%	52.6%
Healthy People 2010 Objective	90.0%	70.0%	50.0%